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West Nile Virus Activity — United States, January 1–December 1, 2005

West Nile virus (WNV) is the leading cause of arboviral encephalitis in the United States. Originally discovered in Africa in 1937, WNV was first detected in the western hemisphere in 1999 in New York City. Since then it has caused seasonal epidemics of febrile illness and severe neurologic disease. During January 1–December 1, 2005, a total of 2,744 cases of WNV disease in humans* were reported in the United States, an increase from 2,359 during the same period in 2004. A total of 1,165 cases were WNV neuroinvasive disease (WNND). WNV infections in humans, birds, mosquitoes, and nonhuman mammals are reported to CDC through ArboNET, an Internet-based arbovirus surveillance system managed by state health departments and CDC. During 2005, WNV transmission to humans or animals expanded into 21 counties that had not previously reported transmission and recurred in 1,196 counties where transmission had been reported in previous years. This report summarizes provisional WNV surveillance data through December 1, 2005, and highlights the need for ongoing surveillance, mosquito control, promotion of personal protection from mosquito bites, and research into additional prevention strategies.

Human Surveillance

As of December 1, a total of 2,744 cases of WNV disease in humans had been reported from 596 counties in 42 states, 18.8% of the 3,142 U.S. counties. Among the cases, 1,165 (42.5%) were WNND (i.e., meningitis, encephalitis, or acute flaccid paralysis), 1,434 (52.2%) were West Nile fever (WNF), and 145 (5.3%) were unspecified illnesses. California reported 854 cases of WNV disease, 31% of the U.S. total, and 285 WNND cases, 25% of the U.S. total. Other focal outbreaks

of WNND recurred throughout the United States, including in Illinois (133 cases), Texas (107), and Louisiana (100). In the New York City metropolitan area, WNV disease recurred for the seventh consecutive year. The highest incidence of WNND occurred primarily in the central United States (Figure 1), including South Dakota (4.8 WNND cases per 100,000 residents), Nebraska (2.1 cases per 100,000), and North Dakota (1.9 cases per 100,000). Nationally, reports of WNV disease began in late May, peaked during the third week in August, and lasted into November (Figure 2).

The median age of the 1,165 persons with WNND was 57 years (range: 3 months–98 years), and 665 (57.1%) were male. A total of 994 (85.3%) persons were hospitalized, and 85 (7.3%) died. Sixty-eight (5.8%) persons with WNND had acute flaccid paralysis. Their median age was 52.5 years (range: 9–84 years), and 39 (57.4%) were male; five (7.4%) died. The median age of all persons whose deaths were related to WNND was 75 years (range: 36–98 years). The median age of the 1,434 persons with WNF was 48 years (range: 1–92 years), and 799 (55.7%) were male. A total of 325 (22.7%) persons with WNF were hospitalized, and four (0.3%) died as a result of complications; the median age of fatalities related to WNF was 89.5 years (range: 44–92 years).

Animal Surveillance

A total of 5,204 dead WNV-infected birds were reported from 583 counties in 45 states; 325 counties from 43 states

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*Defined using the Council of State and Territorial Epidemiologists case definition for neuroinvasive and nonneuroinvasive arboviral diseases, available at http://www.cdc.gov/epo/dphsi/print/arboviral_current.htm.

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Notifiable Disease Morbidity and 122 Cities Mortality Data

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reported infected birds but no human disease. Collection of WNV-infected birds peaked during the third week in August. Corvids (e.g., crows, jays, and magpies) accounted for 4,274 (82.1%) of the birds; the majority of states targeted corvids for surveillance. Since 1999, WNV infection has been identified in more than 300 avian species, including 16 species with WNV identified for the first time during 2005.

Of 1,089 reported WNV disease cases among nonhuman mammals, 1,072 (98.4%) occurred in equines, and 17 (1.6%) occurred in other species (dogs [five], squirrels [six], and unspecified species [six]). Equine cases were reported from 344 counties in 33 states; California reported 42% of all equine cases. Peak reported incidences of equine disease occurred during the third week in August.

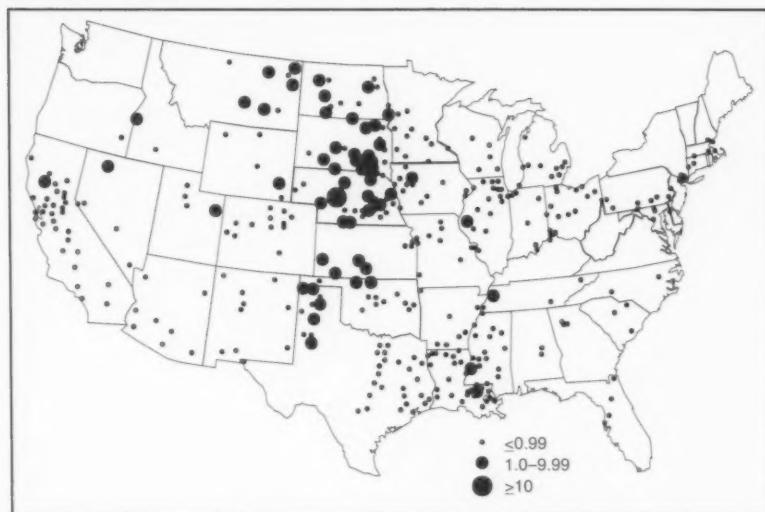
A total of 11,263 mosquito pools from 410 counties in 43 states and the District of Columbia tested positive for WNV. Among the WNV-positive pools, 7,224 (64.2%) were made up of *Culex* mosquitoes thought to be the principal vectors of WNV transmission (i.e., *Cx. pipiens*, *Cx. quinquefasciatus*, *Cx. restuans*, *Cx. salinarius*, and *Cx. tarsalis*) (1). Unidentified or other species of *Culex* mosquitoes made up 3,843 (34.1%) pools, and non-*Culex* species (i.e., *Aedes spp.*, *Anopheles spp.*, *Coquillettidia spp.*, *Culiseta spp.*, *Ochlerotatus spp.*, and *Psorophora spp.*) made up 196 (1.7%) pools. Data from 2005 included the first report of WNV infection in *Culiseta incidunt*. The number of reported WNV-infected mosquito pools peaked during the second week in August.

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Editorial Note: The increase in reported cases of WNV disease in 2005 compared with 2004 suggests that endemic transmission of WNV in the United States will continue for the foreseeable future. In 2005, nearly one third of human cases were reported from California, but focal outbreaks recurred in areas where seasonal transmission has occurred for several years (1).

Approximately 80% of all WNV infections are asymptomatic, approximately 20% cause WNF, and <1% cause WNND (2). The large percentage of WNND among reported cases reflects underreporting of WNF and lack of reporting of asymptomatic infections. Underreporting of WNF varies by year and geographic area. WNND has been a nationally notifiable disease since 2002. In 2005, the Council of State and Territorial Epidemiologists added WNF as a notifiable disease; however, the true incidence and public health impact of WNF remains underestimated by national surveillance data (2,3).

FIGURE 1. Incidence* of West Nile virus neuroinvasive disease† in humans — United States, 2005§

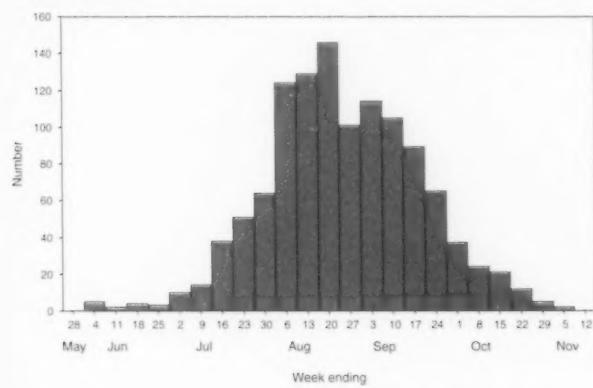


* Per 100,000 county residents.

† Meningitis, encephalitis, or acute flaccid paralysis.

§ Provisional data as of December 1, 2005.

FIGURE 2. Number* of reported West Nile virus neuroinvasive disease† cases in humans, by week of illness onset — United States, 2005§



* N = 1,165.

† Meningitis, encephalitis, or acute flaccid paralysis.

§ Provisional data as of December 1, 2005.

Although persons of all ages appear equally susceptible to WNV infection, both the incidence of WNND and the incidence of death increase with age, especially among persons aged >60 years, and are slightly higher in males (1,4). During 2005, the median age among persons with fatal WNND was similar to that of previous years (4,5).

Certain birds (e.g., corvids, common grackles, house finches, and house sparrows) develop high-titer WNV viremia, making them highly infectious to feeding mosquitoes. Many of these species also have high (>40%) mortality from WNV infection (1,6). Since 1999, corvids have accounted for 72% of all WNV-infected dead birds reported to CDC. The large number of reported corvid deaths likely results from their large size and susceptibility to WNV disease and death, and from surveillance programs targeted at corvids. Geographically, bird species can vary in usefulness as surveillance indicators for WNV transmission; targeting locally relevant species can optimize efficiency of WNV surveillance.

Reports of WNV disease in equines have decreased annually since 2002 (CDC, unpublished data, 2005). The decline might represent a true decrease in equine disease incidence resulting from naturally

acquired immunity or vaccination (7) or from less emphasis on reporting of WNV disease in equines. The 2005 temporal and geographic distribution of equine WNV cases correlated with human cases, suggesting that equine surveillance can continue to help indicate areas of increased risk for human WNV disease.

The *Culex* species most prevalent in WNV-positive pools during 2005, *Cx. pipiens*, *Cx. quinquefasciatus*, *Cx. restuans*, and *Cx. tarsalis*, are believed to account for most WNV transmission in the United States (1). During 2005, a total of 34 different WNV-infected mosquito species were identified, including key species in the transmission of other arboviral diseases. These species include *Cx. nigripalpus*, the principal vector of St. Louis encephalitis (SLE) in Florida (8), and *Cx. tarsalis*, a major vector of SLE and western equine encephalitis in western states (8). Although other species (e.g., *Aedes triseriatus*, *Ae. albopictus*, and *Ae. aegypti*) might contribute to WNV transmission to humans, control of *Culex* mosquitoes remains critical to reducing risk for human WNV disease.

In 2005, WNV spread into areas of the western United States where transmission previously was not documented; WNV has recurred annually in other regions. Ongoing WNV surveillance monitors the spread of the virus and helps target prevention and control strategies. Through increased attention to arboviral diagnosis, testing, and reporting, the ArboNET surveillance system is well positioned to detect

increased transmission of all endemic arboviruses and introduction of other foreign arboviruses. In the absence of an effective vaccine, prevention of WNV disease depends on community-level mosquito control and promotion of personal protection against mosquito bites, such as use of repellents and avoiding outdoor exposure when mosquitoes are active.

Acknowledgments

This report is based, in part, on data provided by ArboNET surveillance coordinators in local and state health departments and ArboNET technical staff, Div of Vector-Borne Infectious Diseases, National Center for Infectious Diseases, CDC.

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Update: Influenza Activity — United States, October 2–December 3, 2005

During October 2–December 3, 2005, low level influenza activity was reported in the United States. This report summarizes U.S. influenza activity* since the beginning of the 2005–06 influenza surveillance season and updates the previous summary (1).

* The CDC Influenza Surveillance System has seven components: 1) World Health Organization and National Respiratory and Enteric Virus Surveillance System collaborating laboratories, 2) U.S. Influenza Sentinel Providers Surveillance Network, 3) 122 Cities Mortality Reporting System, 4) state and territorial epidemiologist reports, 5) influenza-associated pediatric mortality reports, 6) Emerging Infections Program, and 7) New Vaccine Surveillance Network.

Influenza Viral Surveillance and Characterization

During the current influenza surveillance season,† U.S. World Health Organization (WHO) collaborating laboratories and National Respiratory and Enteric Virus Surveillance System (NREVSS) laboratories in the United States tested 20,336 respiratory specimens for influenza viruses; 173 (0.9%) were positive. The weekly percentages of specimens testing positive for influenza virus ranged from 0.4% to 1.4%. Since October 2, influenza viruses have been reported from 30 states. Of the 173 influenza viruses identified, a total of 151 (87.3%) were influenza A viruses, and 22 (12.7%) were influenza B viruses. Of the 151 influenza A viruses, 78 (51.7%) have been subtyped, with 76 (97.4%) determined to be influenza A (H3N2) viruses and two (2.6%) determined to be influenza A (H1N1) viruses.

CDC has characterized antigenically 16 influenza viruses collected by U.S. laboratories since October 1, 2005. These include 14 influenza A (H3N2) viruses that are similar to A/California/07/2004, the influenza A (H3N2) component included in the 2005–06 influenza vaccines, and two influenza B viruses, one that belongs to the B/Victoria lineage and one that belongs to the B/Yamagata lineage and was characterized as B/Florida/07/2004-like. Recently circulating influenza B viruses have belonged to two antigenically and genetically distinct lineages represented by B/Victoria/2/87 viruses and B/Yamagata/16/88 viruses. The influenza B/Florida/07/2004-like virus isolated is a minor antigenic variant of B/Shanghai/361/2002, the recommended influenza B component for the 2005–06 influenza vaccine.

Influenza-Related Pediatric Mortality

During the current influenza surveillance season, California reported two influenza-related pediatric deaths. One occurred during the 2004–05 influenza surveillance season, and one occurred during the 2005–06 season, the only influenza-related pediatric death reported during the current surveillance season.

Pneumonia and Influenza (P&I) Mortality Surveillance

During the current influenza surveillance season, 5.7%–6.7% of all deaths reported to the 122 Cities Mortality Reporting System were attributable to P&I. Each week, the

† As of December 9, 2005; reporting is incomplete.

percentage of P&I deaths was below the epidemic threshold[§] (Figure 1).

Patient Visits for Influenza-Like Illness (ILI)

During the current influenza surveillance season, weekly percentages of patient visits for ILI[¶] reported by approximately 1,000 U.S. sentinel providers in 50 states, New York City, Chicago, and the District of Columbia have ranged from 1.2% to 1.7%. During the week ending December 3, the percentage of patient visits for ILI was 1.6%, which is below the national baseline of 2.2%.**

Influenza Activity Levels Reported by State and Territorial Epidemiologists

No state has reported widespread or regional influenza activity^{††} during the current influenza surveillance season. During the week ending December 3, Nebraska was the only state to report local influenza activity; 29 states, New York City, and Puerto Rico reported sporadic influenza activity; 20 states and the District of Columbia reported no influenza activity (Figure 2).

Pediatric Hospitalizations Associated with Laboratory-Confirmed Influenza Infection

CDC monitors laboratory-confirmed influenza-associated pediatric hospitalizations by using two population-based surveillance networks: the Emerging Infections Program

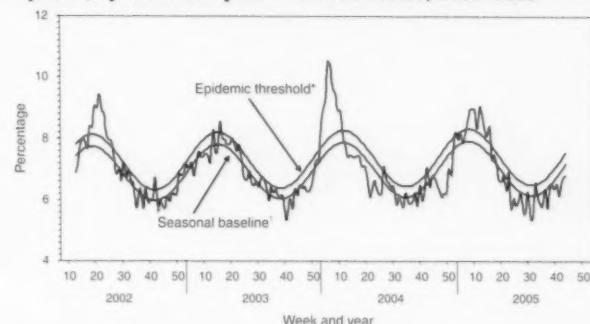
[§] The expected seasonal baseline proportion of P&I deaths reported by the 122 Cities Mortality Reporting System is projected using a robust regression procedure in which a periodic regression model is applied to the observed percentage of deaths from P&I that occurred during the preceding 5 years. The epidemic threshold is 1.645 standard deviations above the seasonal baseline.

[¶] Temperature of $\geq 100.0^{\circ}\text{F}$ ($\geq 37.8^{\circ}\text{C}$) and cough and/or sore throat in the absence of a known cause other than influenza.

^{**} The national baseline was calculated as the mean percentage of visits for ILI during noninfluenza weeks for the preceding three seasons, plus two standard deviations. Noninfluenza weeks are those in which $<10\%$ of laboratory specimens are positive for influenza. Wide variability in regional data precludes calculating region-specific baselines; therefore, applying the national baseline to regional data is inappropriate.

^{††} Levels of activity are 1) no activity, 2) sporadic: small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI, 3) local: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state, 4) regional: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state, and 5) widespread: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of a state.

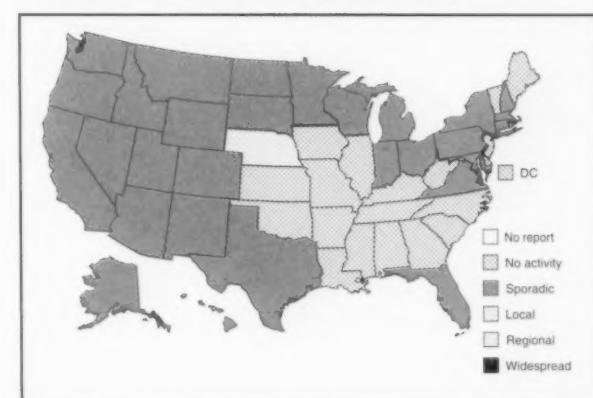
FIGURE 1. Percentage of deaths attributed to pneumonia and influenza (P&I) reported by the 122 Cities Mortality Reporting System, by week and year — United States, 2002–2005



* The epidemic threshold is 1.645 standard deviations above the seasonal baseline percentage.

† The seasonal baseline is projected using a robust regression procedure that applies a periodic regression model to the observed percentage of deaths from P&I during the preceding 5 years.

FIGURE 2. States in which estimated influenza activity levels were reported by state and territorial epidemiologists, by level of activity* — United States, December 3, 2005



* Levels of activity are 1) no activity, 2) sporadic: small numbers of laboratory-confirmed influenza cases or a single influenza outbreak reported but no increase in cases of ILI, 3) local: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in a single region of a state, 4) regional: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least two but less than half the regions of a state, and 5) widespread: outbreaks of influenza or increases in ILI cases and recent laboratory-confirmed influenza in at least half the regions of a state.

(EIP),^{§§} which began surveillance for the 2005–06 season on October 1, 2005, and the New Vaccine Surveillance Network (NVSN), which began surveillance for the 2005–06 season on October 30, 2005. Surveillance methods and case definitions differ slightly between the two systems.^{¶¶} During October 1–November 26, 2005, the preliminary influenza-associated hospitalization rate for children aged 0–4 years reported by EIP was 0.06 per 10,000. EIP also monitors hospitalizations in children aged 5–17 years; no influenza-associated hospitalizations for this older group were reported during the same period. During October 30–November 26, 2005, NVSN reported no laboratory-confirmed influenza-associated hospitalizations among children aged 0–4 years. EIP and NVSN hospitalization rate estimates are preliminary and might change as data continue to be collected.

Human Cases of Avian Influenza A (H5N1)

No human case of avian influenza A (H5N1) virus infection has been identified in the United States. From January 2004 through December 9, 2005, a total of 137 laboratory-confirmed human cases of avian influenza A (H5N1) infections were reported to the World Health Organization (2). Of these, 70 (51%) were fatal (Table). All cases were reported from five countries in Asia (Cambodia, China, Indonesia, Thailand, and Viet Nam).

Reported by: WHO Collaborating Center for Surveillance, Epidemiology, and Control of Influenza; S Wang, MPH, R Dhara, MPH, L Brammer, MPH, A Postema, MPH, M Katz, MD, T Uyeki, MD, J Bresee, MD, A Balish, T Wallis, H Hall, A Klimov, PhD, N Cox, PhD, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases; J Ortiz, MD, EIS Officer, CDC.

Editorial Note: During October 2–December 3, the United States experienced a low level of influenza activity. During the week ending December 3, state and territorial epidemiologists reported only one state (Nebraska) with local influenza

activity and 29 states, New York City, and Puerto Rico with sporadic activity; 20 states and the District of Columbia reported no activity. In addition, P&I mortality and patient visits for ILI have remained below national baseline levels.

Vaccination is the best way to prevent influenza (3). Although influenza vaccinations begin in October, vaccination in December and beyond is still beneficial; influenza activity usually does not peak in the United States until December–March (3). The degree of antigenic match between the current vaccine strains and strains that will circulate this season will be determined as more strains become available for analysis.

Influenza surveillance reports for the United States are posted online weekly during October–May and are available at <http://www.cdc.gov/flu/weekly/fluactivity.htm>. Additional information about influenza viruses, influenza surveillance, and the influenza vaccine is available at <http://www.cdc.gov/flu>.

Sporadic cases of avian influenza A (H5N1) in humans continue to be reported in Asia; in November, for the first time during the current outbreak (December 26, 2003 through December 9, 2005), China reported laboratory-confirmed cases (4). The majority of cases appear to have been acquired from direct contact with infected poultry. No evidence of sustained human-to-human transmission of H5N1 has been detected, although rare cases of human-to-human transmission likely have occurred (5).

Recently, influenza A (H5N1) was reported for the first time in avian species in Europe (6), although the likely Asian origin of the outbreaks has been confirmed by virus sequencing analysis and virus isolation (7). This westward spread of disease might be attributed to transport of virus by wild migratory birds from Asia (8); further research is needed to better understand the role of migratory birds in the current H5N1 epizootic.

CDC continues to recommend enhanced surveillance for suspected H5N1 cases among travelers with unexplained severe respiratory illness returning from H5N1-affected countries (1) as a defense against further spread of the disease from H5N1-affected countries. Additional information regarding avian influenza is available at <http://www.cdc.gov/flu/avian/index.htm>.

Acknowledgments

The findings in this report are based, in part, on data contributed by participating state and territorial health departments and state public health laboratories, WHO collaborating laboratories, National Respiratory and Enteric Virus Surveillance System collaborating laboratories, the U.S. Influenza Sentinel Provider Surveillance System, the New Vaccine Surveillance Network, the Emerging Infections Program, and the 122 Cities Mortality Reporting System.

^{§§} The EIP Influenza Project conducts surveillance in 60 counties associated with 12 metropolitan areas: San Francisco, California; Denver, Colorado; New Haven, Connecticut; Atlanta, Georgia; Baltimore, Maryland; Minneapolis/St. Paul, Minnesota; Albuquerque, New Mexico; Las Cruces, New Mexico; Albany, New York; Rochester, New York; Portland, Oregon; and Nashville, Tennessee. NVSN conducts surveillance in Monroe County, New York; Hamilton County, Ohio; and Davidson County, Tennessee.

^{¶¶} NVSN provides population-based estimates of laboratory-confirmed influenza hospitalization rates in children aged <5 years admitted to NVSN hospitals with fever or respiratory symptoms. Children are prospectively enrolled, and respiratory samples are collected and tested by viral culture and reverse transcription-polymerase chain reaction (RT-PCR). EIP conducts surveillance for laboratory-confirmed influenza-related hospitalizations in persons aged <18 years. Hospital laboratory and admission databases and infection-control logs are reviewed to identify children with positive influenza test results from testing (i.e., culture, direct or indirect fluorescent antibody assays, PCR, or a rapid test) conducted as part of their routine care.

TABLE. Number of laboratory-confirmed human cases of avian influenza A (H5N1) infection reported to the World Health Organization — worldwide, January 2004–December 9, 2005

Year of onset	Cambodia		China		Indonesia		Thailand		Viet Nam		Total	
	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths	No.	Deaths
2003	0	0	0	0	0	0	0	0	3	3	3	3
2004	0	0	0	0	0	0	17	12	29	20	46	32
2005	4	4	5	2	13	8	5	2	61	19	88	35
Total	4	4	5	2	13	8	22	14	93	42	137	70

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Brief Report**Respiratory Syncytial Virus Activity — United States, 2004–2005**

Respiratory syncytial virus (RSV) is a major cause of lower respiratory tract infections (LRTIs) (e.g., bronchiolitis and pneumonia) among young children, resulting in an estimated 51,000–82,000 hospitalizations annually in the United States (1). RSV also causes severe disease and death among older persons (2,3) and persons of all ages with compromised respiratory, cardiac, or immune systems and can exacerbate chronic cardiac and pulmonary conditions (4,5). In temperate climates, most RSV infections occur during a distinct seasonal peak. This report presents preliminary data from RSV activity reported to the National Respiratory and Enteric Virus Surveillance System (NREVSS) for the weeks ending July 2 through December 3, 2005, indicating the onset of the 2005–06 RSV season, and summarizes trends during July 2004–June 2005. Health-care providers should consider RSV in the differential diagnosis for persons of all ages with LRTIs, implement appropriate isolation precautions to prevent nosocomial transmission (6), and provide appropriate immune

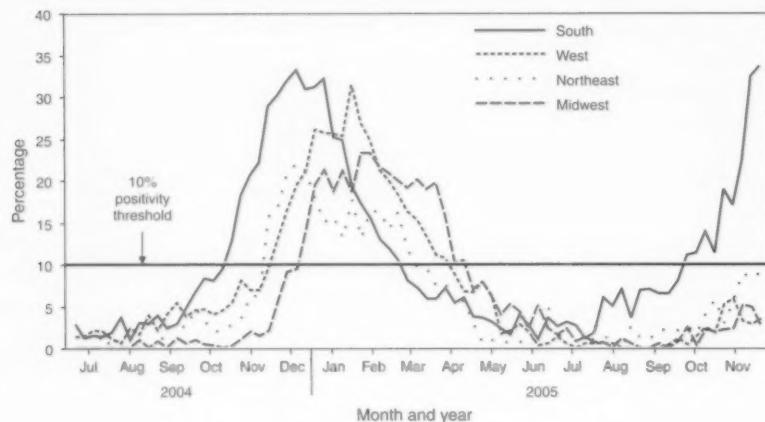
prophylaxis to eligible children, including certain premature infants or infants and children with chronic lung and heart disease (7).

NREVSS is a voluntary, laboratory-based surveillance system of 89 clinical and public health laboratories in 38 states and the District of Columbia.* Laboratories report weekly to CDC the number of specimens tested and the number positive for certain respiratory and enteric viruses. During July 2004–June 2005, of 135,491 tests for RSV reported, 19,642 (14.5%) were positive. Widespread RSV activity† began the week ending November 13, 2004, and continued for 21 weeks until April 2, 2005. Activity appeared highest during December for the South and Northeast, during January for the West, and during February for the Midwest (Figure). Regionally, RSV activity occurred first in the South (37 sites reporting activity; median weeks of onset and conclusion: November 2, 2004, and February 26, 2005, respectively), later in the Northeast (nine sites; November 20, 2004, and March 8, 2005) and West (19 sites; December 18, 2004, and March 26, 2005), and last in the Midwest (20 sites; January 1, 2004, and April 12, 2005). Although 94% of RSV detections were reported during the weeks ending November 13, 2004–April 2, 2005, sporadic detections were reported throughout the year. During May–October 2005, laboratories in 23 states reported RSV detections.

For the current reporting period (July 2–December 3, 2005), 84 laboratories in 38 states reported testing for RSV. Since October, 62 participating laboratories have reported RSV detections. Preliminary 2005–06 data suggest that the annual seasonal peak began in the South during the week ending October 15 (Figure).

*Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming. †Widespread RSV activity is defined by NREVSS as the first of 2 consecutive weeks when 50% of participating laboratories report RSV detections or isolations and when the mean percentage of specimens positive by antigen detection is >10%.

FIGURE. Percentage of specimens testing positive by antigen detection for respiratory syncytial virus, by region* and month — United States, July 2, 2004–December 3, 2005



* Northeast: Connecticut, Maine, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont; Midwest: Illinois, Indiana, Iowa, Kansas, Michigan, Minnesota, Missouri, Nebraska, North Dakota, Ohio, South Dakota, and Wisconsin; South: Alabama, Arkansas, Delaware, District of Columbia, Florida, Georgia, Kentucky, Louisiana, Maryland, Mississippi, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, and West Virginia; West: Alaska, Arizona, California, Colorado, Hawaii, Idaho, Montana, Nevada, New Mexico, Oregon, Utah, Washington, and Wyoming.

Health-care providers should consider RSV as a potential cause of acute respiratory disease among persons in all age groups during the annual seasonal peak. RSV infection is the most common cause of hospitalization for acute respiratory disease among children aged <12 months (8). RSV infection also is increasingly recognized as a cause of hospitalization among older adults (2). Laboratory testing of nasal secretions for virus or viral antigen (e.g., immunofluorescence or enzyme-linked immunosorbent assays) can be sensitive for diagnosis in infants and children aged <5 years but is less sensitive for diagnosis in older children and adults. Testing nasal secretions for viral RNA by well-designed reverse transcription-polymerase chain reaction assays can be sufficiently sensitive to detect most RSV infections in all age groups (9).

No vaccine is currently available for RSV. However, infection control measures are important for preventing transmission in health-care settings (6). Infants and children at risk for serious RSV infection can receive immune prophylaxis with monthly doses of a humanized murine anti-RSV monoclonal antibody product during the RSV season (7). Infants and children at risk include 1) those aged <24 months with chronic lung disease who have required medical therapy (e.g., supplemental oxygen, bronchodilator, diuretic, or corticosteroid therapy) within 6 months of RSV season onset, 2) those with

hemodynamically significant heart disease, and 3) preterm infants born at <32 weeks' gestation or preterm infants born at 32–35 weeks' gestation with at least two additional risk factors (e.g., day care attendance, exposure to environmental pollutants, school-aged siblings, congenital abnormality of the airways, or neuromuscular disease) during their first RSV season.

Because onset of RSV activity can vary among regions and communities, physicians and health-care facilities should consult their local clinical laboratories for the latest data on RSV activity (10). Additional information and updates on national and regional RSV trends are available at <http://www.cdc.gov/ncidod/dvrd/revb/nrevss/index.htm>.

Reported by: National Respiratory and Enteric Virus Surveillance System collaborating laboratories. KJ Felton, AM Fry, MD, LJ Anderson, MD, Div of Viral and Rickettsial Diseases, National Center for Infectious Diseases, CDC.

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Notice to Readers**Ninth Annual Conference on Vaccine Research, May 8–10, 2006**

CDC and 10 other national and international agencies and organizations will collaborate with the National Foundation for Infectious Diseases in sponsoring the Ninth Annual Conference on Vaccine Research (including basic science, product development, and clinical and field studies), to be held May 8–10, 2006, at the Marriott Inner Harbor Hotel, Baltimore, Maryland. The conference is devoted exclusively to the research and development of vaccines and related technologies for the prevention and treatment of disease and will bring together human and veterinary vaccinology researchers.

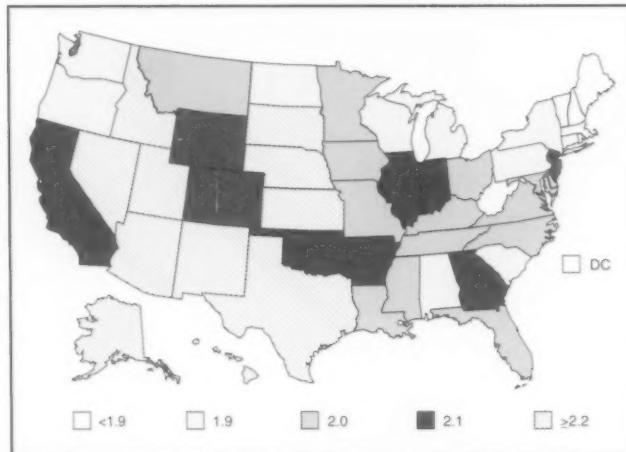
Thirty-four speakers will address topics that include tuberculosis vaccines, vaccines in the elderly and adolescents, herd immunity, vaccine constructs based on novel immunologic strategies, veterinary vaccines, adverse reactions, and differing immune responses in developing countries. Oral and poster presentations will be selected through peer review of submitted abstracts.

Deadline for submission of abstracts is February 3, 2006. Information about the preliminary program, abstract submission, registration, hotel accommodation, and exhibition space is available at <http://www.nfid.org/conferences/vaccine06>, and by e-mail (vaccine@nid.org), fax (301-907-0878), telephone (301-656-0003, ext 19), and mail (NFID, Suite 750, 4733 Bethesda Avenue, Bethesda, MD 20814).

QuickStats

FROM THE NATIONAL CENTER FOR HEALTH STATISTICS

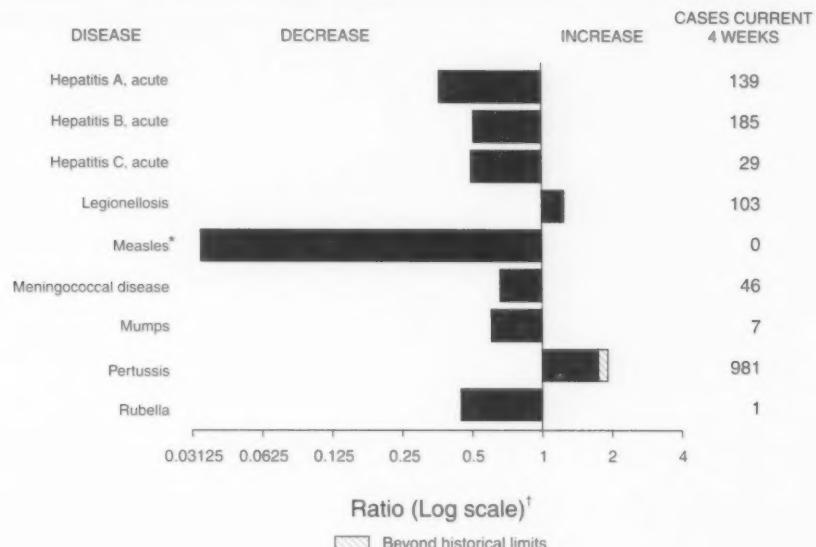
Total Fertility Rates, by State — United States, 2003



On the basis of 2003 birth rates, U.S. women have an average of 2.0 births during their lives. The total fertility rate (i.e., the estimated average number of births per woman in a lifetime, based on the age-specific birth rates observed in a given year) varies by state, ranging from 1.7 in Vermont to 2.6 in Utah. In 2003, the District of Columbia had the lowest rate at 1.6. Rates were lower in the northeastern states and higher in the southwestern states.

SOURCE: Martin JA, Hamilton BE, Sutton PD, et al. Births: final data for 2003. *Natl Vital Stat Rep* 2005;54(2). Available at http://www.cdc.gov/nchs/data/nvsr/nvsr54/nvsr54_02.pdf.

FIGURE I. Selected notifiable disease reports, United States, comparison of provisional 4-week totals December 10, 2005, with historical data



* No measles cases were reported for the current 4-week period yielding a ratio for week 49 of zero (0).

† Ratio of current 4-week total to mean of 15 4-week totals (from previous, comparable, and subsequent 4-week periods for the past 5 years). The point where the hatched area begins is based on the mean and two standard deviations of these 4-week totals.

TABLE I. Summary of provisional cases of selected notifiable diseases, United States, cumulative, week ending December 10, 2005 (49th Week)*

Disease	Cum. 2005	Cum. 2004	Disease	Cum. 2005	Cum. 2004
Anthrax	—	—	Hemolytic uremic syndrome, postdiarrheal†	163	165
Botulism:			HIV infection, pediatric†	255	342
foodborne	13	16	Influenza-associated pediatric mortality†**	48	—
infant	78	83	Measles	63††	27%
other (wound & unspecified)	27	20	Mumps	251	230
Brucellosis	100	98	Plague	3	3
Chancroid	26	30	Poliomyelitis, paralytic	1	—
Cholera	6	4	Psittacosis†	22	11
Cyclosporiasis†	723	204	Q fever†	133	62
Diphtheria	—	—	Rabies, human	2	7
Domestic arboviral diseases			Rubella	16	9
(neuroinvasive & non-neuroinvasive):			Rubella, congenital syndrome	1	—
California serogroup†§	65	116	SARS†**	—	—
eastern equine†§	21	6	Smallpox†	—	—
Powassan†§	—	1	<i>Staphylococcus aureus</i> :		
St. Louis†§	9	13	Vancomycin-intermediate (VISA)†	1	—
western equine†§	—	—	Vancomycin-resistant (VRSA)†	—	1
Ehrlichiosis:	—	—	Streptococcal toxic-shock syndrome†	101	122
human granulocytic (HGE)†	631	419	Tetanus	18	26
human monocytic (HME)†	448	296	Toxic-shock syndrome	90	88
human, other and unspecified †	84	66	Trichinellosis†	17	2
Hansen disease†	79	99	Tularemia†	129	114
Hantavirus pulmonary syndrome†	22	22	Yellow fever	—	—

—: No reported cases.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Not notifiable in all states.

§ Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

†† Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update September 25, 2005.

** Updated weekly from reports to the Division of Viral and Rickettsial Diseases, National Center for Infectious Diseases. Of the 48 cases reported, four were reported since October 2, 2005 (40th Week). Of these four, only two occurred during the current 2005–2006 season.

†† Of 63 cases reported, 52 were indigenous and 11 were imported from another country.

§§ Of 27 cases reported, nine were indigenous and 18 were imported from another country.

†† Formerly Trichinosis.

TABLE II. Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	AIDS		Chlamydia†		Coccidioidomycosis		Cryptosporidiosis	
	Cum. 2005§	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	30,568	38,365	861,834	867,984	4,621	5,617	7,059	3,415
NEW ENGLAND	1,141	1,255	29,687	28,352	—	—	323	164
Maine	19	48	2,127	1,964	N	N	26	20
N.H.	26	41	1,718	1,641	—	—	33	30
Vt.‡	7	15	904	1,079	—	—	37	24
Mass.	561	450	13,391	12,632	—	—	136	59
R.I.	105	131	2,993	3,228	—	—	13	4
Conn.	423	570	8,554	7,808	N	N	78	27
MID. ATLANTIC	6,597	8,996	109,215	106,651	—	—	3,217	554
Upstate N.Y.	891	1,465	21,999	21,578	N	N	2,766	176
N.Y. City	3,522	4,756	35,225	32,674	—	—	128	133
N.J.	956	1,360	16,987	16,545	N	N	64	44
Pa.	1,228	1,415	35,004	35,854	N	N	259	201
E.N. CENTRAL	2,929	3,173	145,232	153,299	11	14	1,439	1,001
Ohio	518	585	38,564	37,263	N	N	758	216
Ind.	348	348	18,976	17,582	N	N	82	72
Ill.	1,504	1,473	43,509	45,124	—	—	140	151
Mich.	439	612	26,780	35,136	11	14	105	151
Wis.	120	155	17,403	18,194	N	N	354	411
W.N. CENTRAL	690	780	52,755	53,792	5	6	563	397
Minn.	176	202	9,843	11,063	3	N	138	129
Iowa	72	63	6,783	6,563	N	N	106	86
Mo.	299	323	21,007	20,029	1	3	244	72
N. Dak.	9	17	1,110	1,676	N	N	1	12
S. Dak.	13	11	2,548	2,380	—	—	29	40
Nebr.‡	27	56	4,779	4,948	1	3	9	28
Kans.	94	108	6,685	7,133	N	N	36	30
S. ATLANTIC	9,183	11,640	161,718	162,837	2	—	701	505
Del.	134	137	3,203	2,784	N	N	6	—
Md.	1,370	1,361	17,318	18,424	2	—	39	23
D.C.	474	912	3,627	3,336	—	—	16	15
Va.‡	441	612	18,916	20,635	—	—	61	58
W. Va.	51	83	2,554	2,620	N	N	14	6
N.C.	636	1,059	28,617	28,076	N	N	88	75
S.C.‡	413	693	19,310	17,527	—	—	18	23
Ga.	1,701	1,504	28,164	29,595	—	—	121	172
Fla.	3,963	5,279	40,009	39,840	N	N	338	133
E.S. CENTRAL	1,546	1,799	64,648	57,543	—	5	205	142
Ky.	198	217	7,843	6,145	N	N	141	43
Tenn.‡	675	723	22,381	21,272	N	N	40	47
Ala.‡	385	433	15,122	12,710	—	—	20	24
Miss.	288	426	19,302	17,416	—	5	4	28
W.S. CENTRAL	3,543	4,309	96,735	104,206	1	3	182	131
Ark.	173	184	8,089	7,484	—	1	6	16
La.	650	849	14,534	20,858	1	2	81	5
Okla.	229	195	9,742	9,740	N	N	43	22
Tex.‡	2,491	3,081	64,370	66,124	N	N	52	88
MOUNTAIN	1,172	1,327	48,073	53,536	3,151	3,555	131	167
Mont.	15	5	2,027	2,313	N	N	21	34
Idaho‡	15	17	2,253	2,600	N	N	15	28
Wyo.	3	16	1,112	1,023	3	2	3	4
Colo.	260	294	11,913	13,582	N	N	49	58
N. Mex.	115	173	5,498	8,484	14	21	11	19
Ariz.	473	501	15,790	15,716	3,093	3,449	9	16
Utah	55	64	4,154	3,594	9	24	14	6
Nev.‡	236	257	5,326	6,224	32	59	9	2
PACIFIC	3,767	5,086	153,771	147,768	1,451	2,034	298	354
Wash.	352	367	17,434	16,594	N	N	47	42
Oreg.‡	193	277	8,368	8,050	—	—	66	31
Calif.	3,105	4,271	119,243	114,433	1,451	2,034	181	279
Alaska	25	48	3,685	3,632	—	—	3	—
Hawaii	92	123	5,041	5,059	—	—	1	2
Guam	2	1	—	803	—	—	—	—
P.R.	814	636	3,455	3,390	N	N	—	—
V.I.	10	19	196	330	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	2	U	—	U	—	U	—	U

N: Not notifiable.

U: Unavailable.

—: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Chlamydia refers to genital infections caused by *C. trachomatis*.

‡ Updated monthly from reports to the Division of HIV/AIDS Prevention, National Center for HIV, STD, and TB Prevention. Last update September 25, 2005.

§ Contains data reported through National Electronic Disease Surveillance System (NEDSS).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	Escherichia coli, Enterohemorrhagic (EHEC)									
	O157:H7		Shiga toxin positive, serogroup non-O157		Shiga toxin positive, not serogrouped		Giardiasis		Gonorrhea	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	2,346	2,413	331	288	307	194	16,968	18,663	298,893	308,071
NEW ENGLAND	158	162	54	43	25	15	1,548	1,677	5,367	6,459
Maine	15	15	11	1	—	—	194	144	135	205
N.H.	12	23	2	5	—	—	53	45	168	124
Vt.	14	13	4	—	—	—	176	162	56	83
Mass.	63	71	12	13	25	15	671	754	2,375	2,930
R.I.	7	11	—	1	—	—	107	117	415	789
Conn.	47	29	25	23	—	—	347	455	2,218	2,328
MID. ATLANTIC	296	283	42	62	35	38	3,175	3,835	31,710	34,491
Upstate N.Y.	134	119	22	42	13	20	1,146	1,328	6,625	7,000
N.Y. City	15	35	—	—	—	—	822	1,037	9,494	10,476
N.J.	50	56	5	6	12	6	388	481	5,165	6,400
Pa.	97	73	15	14	10	12	819	989	10,426	10,615
E.N. CENTRAL	456	460	30	47	23	32	2,663	3,128	59,375	65,167
Ohio	145	95	6	9	15	18	760	761	18,243	19,487
Ind.	68	50	—	—	—	—	N	N	7,635	6,503
Ill.	46	105	1	7	1	8	600	775	17,635	19,701
Mich.	77	84	2	11	6	6	726	689	10,847	14,703
Wis.	120	126	21	20	1	—	577	903	5,015	4,773
W.N. CENTRAL	403	473	36	38	64	23	2,097	2,057	17,060	16,469
Minn.	129	106	21	15	36	5	960	782	2,819	2,772
Iowa	94	119	—	—	—	—	257	285	1,505	1,174
Mo.	74	95	9	17	13	7	481	540	8,911	8,656
N. Dak.	7	14	—	—	1	7	16	23	85	104
S. Dak.	26	33	3	2	—	—	107	73	319	280
Nebr.	30	63	3	4	4	—	85	144	1,076	1,058
Kans.	43	43	—	—	10	4	191	210	2,345	2,425
S. ATLANTIC	197	171	81	34	111	58	2,417	2,837	71,470	74,013
Del.	7	3	N	N	N	N	54	45	840	836
Md.	33	22	30	6	11	3	190	143	6,598	7,727
D.C.	1	1	—	—	—	—	53	69	2,081	2,448
Va.	43	34	31	17	20	—	514	504	7,109	8,186
W. Va.	3	3	—	—	1	—	45	46	698	858
N.C.	—	—	—	—	61	48	N	N	13,744	14,750
S.C.	7	12	1	—	1	—	96	114	8,646	8,705
Ga.	30	23	16	7	—	—	557	862	13,187	13,216
Fla.	73	73	3	4	17	7	908	1,054	18,567	17,287
E.S. CENTRAL	130	111	10	5	31	15	403	403	26,068	25,153
Ky.	47	29	7	1	20	9	N	N	2,763	2,664
Tenn.	47	40	2	2	11	6	208	220	8,312	8,040
Ala.	29	29	—	—	—	—	195	183	8,514	7,795
Miss.	7	13	1	2	—	—	—	—	6,479	6,654
W.S. CENTRAL	52	85	14	3	8	13	299	318	39,454	40,998
Ark.	10	17	—	—	—	—	80	122	4,237	3,973
La.	4	4	11	1	3	3	55	50	8,176	9,996
Okla.	24	20	2	—	1	4	164	146	3,923	4,141
Tex.	14	44	1	2	4	6	N	N	23,118	22,888
MOUNTAIN	226	239	56	54	10	—	1,421	1,465	10,341	11,532
Mont.	16	16	—	—	—	—	72	80	123	78
Idaho	29	56	13	16	7	—	151	196	95	89
Wyo.	8	9	2	7	—	—	27	25	79	58
Colo.	66	51	3	1	1	—	509	493	2,706	2,886
N. Mex.	13	10	9	9	—	—	82	70	1,063	1,222
Ariz.	46	26	N	N	N	N	146	162	3,552	3,779
Utah	38	44	27	20	—	—	385	319	671	558
Nev.	10	27	2	1	2	—	49	120	2,052	2,862
PACIFIC	428	429	8	2	—	—	2,945	2,943	38,048	33,789
Wash.	112	140	—	—	—	—	339	370	3,490	2,530
Oreg.	148	68	8	2	—	—	373	422	1,470	1,221
Calif.	143	210	—	—	—	—	2,075	1,980	31,626	28,360
Alaska	12	1	—	—	—	—	99	96	510	531
Hawaii	13	10	—	—	—	—	59	75	952	1,147
Guam	N	N	—	—	—	—	—	4	—	125
P.R.	2	2	—	—	—	—	186	275	320	250
V.I.	—	—	—	—	—	—	—	—	45	87
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases. C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	Haemophilus influenzae, invasive							
	All ages		Serotype b		Non-serotype b		Unknown serotype	
	All serotypes	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005
UNITED STATES	1,922	1,874	5	14	104	114	182	164
NEW ENGLAND	147	175	—	1	10	10	5	2
Maine	6	13	—	—	—	—	1	—
N.H.	8	19	—	—	—	2	—	1
Vt.	9	8	—	—	—	—	2	1
Mass.	72	79	—	1	3	4	1	—
R.I.	7	6	—	—	2	1	—	—
Conn.	45	50	—	—	5	3	1	—
MID. ATLANTIC	400	394	—	2	1	5	39	37
Upstate N.Y.	117	124	—	2	—	5	8	5
N.Y. City	70	83	—	—	—	—	11	16
N.J.	83	76	—	—	—	—	10	3
Pa.	130	111	—	—	1	—	10	13
E.N. CENTRAL	277	355	1	2	5	8	19	48
Ohio	104	99	—	1	—	2	9	16
Ind.	63	53	—	—	5	4	—	1
Ill.	62	125	—	—	—	—	7	21
Mich.	22	21	1	1	—	2	2	4
Wis.	26	57	—	—	—	—	1	6
W.N. CENTRAL	105	103	—	2	3	4	10	11
Minn.	43	44	—	1	3	4	2	1
Iowa	1	1	—	1	—	—	—	—
Mo.	33	40	—	—	—	—	6	7
N. Dak.	4	4	—	—	—	—	1	—
S. Dak.	—	—	—	—	—	—	—	—
Nebr.	10	6	—	—	—	—	1	2
Kans.	14	8	—	—	—	—	—	1
S. ATLANTIC	462	417	1	1	31	27	31	27
Del.	—	—	—	—	—	—	—	—
Md.	69	66	—	—	5	7	—	—
D.C.	—	3	—	—	—	—	—	1
Va.	45	42	—	—	—	—	2	5
W. Va.	26	17	—	—	4	4	3	—
N.C.	72	57	1	1	8	6	—	1
S.C.	31	13	—	—	—	—	3	1
Ga.	92	112	—	—	—	—	16	18
Fla.	127	107	—	—	14	10	7	1
E.S. CENTRAL	104	73	—	1	1	2	19	12
Ky.	8	11	—	—	1	2	2	—
Tenn.	78	47	—	—	—	—	13	9
Ala.	18	13	—	1	—	—	4	2
Miss.	—	2	—	—	—	—	—	—
W.S. CENTRAL	101	78	1	1	8	9	8	1
Ark.	5	2	—	—	1	1	—	—
La.	32	16	1	—	2	—	8	1
Okl.	60	59	—	—	5	8	—	—
Tex.	4	1	—	1	—	—	—	—
MOUNTAIN	203	179	1	4	15	28	35	19
Mont.	—	—	—	—	—	—	—	—
Idaho	5	5	—	—	—	—	—	2
Wyo.	6	1	—	—	—	1	—	—
Colo.	40	44	—	—	1	—	9	5
N. Mex.	21	37	1	1	4	8	2	6
Ariz.	98	61	—	—	7	13	12	2
Utah	19	18	—	2	1	3	8	3
Nev.	14	13	—	1	2	3	3	1
PACIFIC	123	100	1	—	30	21	16	7
Wash.	4	1	—	—	—	—	3	1
Oreg.	29	45	—	—	—	—	5	3
Calif.	54	39	1	—	30	21	2	1
Alaska	26	6	—	—	—	—	6	1
Hawaii	10	9	—	—	—	—	—	1
Guam	—	—	—	—	—	—	—	—
P.R.	3	2	—	—	—	—	1	2
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable.

U: Unavailable.

—: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	Hepatitis (viral, acute), by type					
	A		B		C	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	3,805	5,571	5,135	5,899	654	771
NEW ENGLAND	495	982	272	363	18	17
Maine	4	13	11	6	—	—
N.H.	76	25	26	34	—	—
Vt.	6	8	5	6	14	8
Mass.	345	844	199	208	1	7
R.I.	15	22	3	6	—	—
Conn.	49	70	28	103	3	2
MID. ATLANTIC	656	776	1,005	723	99	139
Upstate N.Y.	103	107	92	78	19	12
N.Y. City	281	335	118	155	—	—
N.J.	177	181	592	200	—	—
Pa.	95	153	203	290	80	127
E.N. CENTRAL	345	498	507	525	129	111
Ohio	50	49	123	111	8	6
Ind.	51	55	56	43	24	9
Ill.	90	142	122	87	—	16
Mich.	120	141	172	244	97	80
Wis.	34	111	34	40	—	—
W.N. CENTRAL	87	151	247	311	16	21
Minn.	3	32	29	47	7	18
Iowa	20	49	26	14	—	—
Mo.	39	32	139	184	7	3
N. Dak.	—	1	—	4	1	—
S. Dak.	1	4	4	1	—	—
Nebr.	8	12	21	44	1	—
Kans.	16	21	28	17	—	—
S. ATLANTIC	869	966	1,268	1,773	139	198
Del.	5	6	46	49	7	45
Md.	71	102	152	151	24	13
D.C.	4	7	11	19	—	4
Va.	79	117	128	253	13	13
W. Va.	6	5	40	40	21	23
N.C.	82	100	150	178	21	11
S.C.	39	41	130	136	3	15
Ga.	106	313	147	454	8	16
Fla.	277	275	464	493	42	58
E.S. CENTRAL	227	151	330	474	76	89
Ky.	24	30	61	71	10	24
Tenn.	147	94	131	227	17	31
Ala.	36	9	85	75	14	5
Miss.	20	18	53	101	35	29
W.S. CENTRAL	248	640	474	655	90	106
Ark.	18	60	49	108	1	3
La.	64	49	68	64	16	3
Okl.	5	20	42	68	7	3
Tex.	161	511	315	415	66	97
MOUNTAIN	344	412	530	467	45	44
Mont.	10	8	3	1	1	2
Idaho	22	20	14	11	1	1
Wyo.	—	5	2	7	1	2
Colo.	47	51	54	56	24	15
N. Mex.	24	23	10	17	—	U
Ariz.	211	253	377	256	—	5
Utah	20	35	42	48	9	5
Nev.	10	17	28	71	9	14
PACIFIC	734	995	502	608	42	46
Wash.	49	59	64	50	U	U
Oreg.	42	65	96	109	16	15
Calif.	616	840	330	428	25	29
Alaska	4	4	7	11	—	—
Hawaii	23	27	5	10	1	2
Guam	—	1	—	12	—	9
P.R.	58	46	41	74	—	—
V.I.	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U

N: Not notifiable.

U: Unavailable.

—: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	Legionellosis		Listeriosis		Lyme disease		Malaria	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,911	1,921	756	700	20,076	17,783	1,175	1,325
NEW ENGLAND	122	93	55	52	2,692	3,166	65	84
Maine	6	1	3	8	215	29	4	7
N.H.	8	11	8	4	210	206	5	5
Vt.	9	6	2	2	48	49	1	4
Mass.	46	42	16	18	1,128	1,511	33	49
R.I.	19	18	6	2	32	236	2	4
Conn.	34	15	20	18	1,059	1,135	20	15
MID. ATLANTIC	691	534	192	166	12,582	10,799	320	363
Upstate N.Y.	207	113	61	47	3,846	3,895	51	51
N.Y. City	94	70	37	25	—	352	164	200
N.J.	102	88	33	36	3,490	2,647	72	68
Pa.	288	263	61	58	5,246	3,905	33	44
E.N. CENTRAL	356	461	81	116	1,425	1,311	93	120
Ohio	189	209	34	39	64	48	27	29
Ind.	27	45	5	18	34	28	4	16
Ill.	15	50	2	24	—	87	30	40
Mich.	107	135	29	26	59	26	21	21
Wis.	18	22	11	9	1,268	1,122	11	14
W.N. CENTRAL	94	63	42	22	920	675	44	65
Minn.	26	7	15	5	810	588	11	24
Iowa	6	7	8	3	85	49	8	4
Mo.	34	31	5	8	18	26	17	20
N. Dak.	2	2	4	2	—	—	—	3
S. Dak.	21	5	—	1	2	1	—	1
Nebr.	3	5	5	3	2	8	3	4
Kans.	2	6	5	—	3	3	5	9
S. ATLANTIC	379	392	161	120	2,181	1,616	290	328
Del.	16	13	N	N	612	329	3	6
Md.	104	79	19	18	1,153	871	100	75
D.C.	12	12	—	5	8	14	11	13
Va.	43	49	15	18	232	170	30	50
W. Va.	21	10	5	4	17	30	3	2
N.C.	33	38	33	26	44	119	30	21
S.C.	14	16	12	11	20	26	10	11
Ga.	26	43	25	15	5	12	41	61
Fla.	110	132	52	23	90	45	62	89
E.S. CENTRAL	79	97	29	25	36	48	28	32
Ky.	29	39	5	4	5	15	9	4
Tenn.	34	42	12	14	29	26	13	11
Ala.	13	12	8	5	2	7	6	12
Miss.	3	4	4	2	—	—	—	5
W.S. CENTRAL	25	134	33	40	59	67	80	123
Ark.	4	1	2	3	4	8	6	8
La.	1	9	12	3	7	2	3	6
Okla.	7	9	5	1	—	—	10	7
Tex.	13	115	14	33	48	57	61	102
MOUNTAIN	85	80	16	26	21	18	52	52
Mont.	6	3	—	—	—	—	—	1
Idaho	3	9	—	1	2	6	—	1
Wyo.	4	7	—	—	3	3	2	1
Colo.	22	20	7	13	3	—	23	18
N. Mex.	2	4	4	2	1	1	2	4
Ariz.	25	11	—	—	8	6	14	13
Utah	15	22	3	2	2	1	9	8
Nev.	8	4	2	8	2	1	2	6
PACIFIC	80	67	147	133	160	83	203	158
Wash.	—	10	10	11	9	12	15	17
Oreg.	N	N	11	7	19	26	12	18
Calif.	76	56	125	110	129	43	155	117
Alaska	1	1	—	—	3	2	5	2
Hawaii	3	—	1	5	N	N	16	4
Guam	—	—	—	—	—	—	—	—
PR.	—	—	—	—	N	N	2	—
V.I.	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable.

—: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	Meningococcal disease									
	All serogroups		Serogroup A, C, Y, and W-135		Serogroup B		Other serogroup		Serogroup unknown	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	1,061	1,128	206	191	128	115	17	28	710	794
NEW ENGLAND	69	72	16	32	8	17	2	1	43	22
Maine	2	12	—	6	—	2	—	—	2	4
N.H.	12	7	—	—	—	—	—	—	12	7
Vt.	5	3	2	—	—	2	1	—	2	1
Mass.	32	38	5	21	4	7	1	—	22	10
R.I.	4	2	1	1	3	1	—	—	—	—
Conn.	14	10	8	4	1	5	—	1	5	—
MID. ATLANTIC	142	159	19	29	7	13	1	—	115	117
Upstate N.Y.	38	42	14	16	6	10	—	—	18	16
N.Y. City	22	27	—	—	—	—	—	—	22	27
N.J.	34	35	—	—	—	—	—	—	34	35
Pa.	48	55	5	13	1	3	1	—	41	39
E.N. CENTRAL	120	130	20	23	9	18	3	3	88	86
Ohio	43	66	4	6	2	5	—	2	37	53
Ind.	18	22	7	7	3	7	—	—	8	8
Ill.	15	1	—	—	—	—	—	—	15	1
Mich.	34	24	9	10	4	6	3	1	18	7
Wis.	10	17	—	—	—	—	—	—	10	17
W.N. CENTRAL	77	74	27	25	10	14	2	3	38	32
Minn.	16	23	5	11	4	5	1	—	6	6
Iowa	16	17	6	7	3	5	—	2	7	3
Mo.	26	19	10	6	3	4	1	—	12	9
N. Dak.	1	2	—	—	—	—	—	—	1	2
S. Dak.	4	2	4	—	—	—	—	—	—	2
Nebr.	5	4	2	1	—	—	—	—	3	3
Kans.	9	7	—	—	—	—	—	—	9	7
S. ATLANTIC	201	209	42	24	24	12	1	8	134	165
Del.	4	6	—	—	—	—	—	—	4	6
Md.	21	10	9	6	6	2	1	1	5	1
D.C.	—	5	—	—	—	—	—	1	—	4
Va.	30	20	12	9	7	5	—	1	11	5
W. Va.	6	6	4	—	—	—	—	—	2	6
N.C.	32	31	14	8	9	5	—	5	9	13
S.C.	15	16	3	1	2	—	—	—	10	15
Ga.	16	14	—	—	—	—	—	—	16	14
Fla.	77	101	—	—	—	—	—	—	77	101
E.S. CENTRAL	52	66	7	6	7	6	—	1	38	53
Ky.	16	11	1	2	2	3	—	—	13	6
Tenn.	24	22	5	—	4	3	—	—	15	19
Ala.	6	17	1	4	1	—	—	1	4	12
Miss.	6	16	—	—	—	—	—	—	6	16
W.S. CENTRAL	91	70	37	19	25	18	4	6	25	27
Ark.	15	16	8	4	5	4	—	—	2	8
La.	28	32	14	8	7	13	—	2	7	9
Okla.	13	10	5	5	2	—	4	4	2	1
Tex.	35	12	10	2	11	1	—	—	14	9
MOUNTAIN	81	63	23	18	5	3	2	5	51	37
Mont.	—	3	—	1	—	—	—	—	—	2
Idaho	6	7	1	—	—	—	—	—	5	7
Wyo.	—	4	—	—	—	—	—	—	—	4
Colo.	17	15	—	—	—	—	—	—	17	15
N. Mex.	3	9	—	5	—	1	—	1	3	2
Ariz.	36	12	11	6	2	—	1	3	22	3
Utah	11	6	5	3	2	—	1	—	3	3
Nev.	8	7	6	3	1	2	—	1	1	1
PACIFIC	228	285	15	15	33	14	2	1	178	255
Wash.	43	29	6	12	19	14	—	1	18	2
Oreg.	28	53	7	—	13	—	—	—	8	53
Calif.	140	190	—	—	—	—	—	—	140	190
Alaska	5	4	—	—	—	—	—	—	5	4
Hawaii	12	9	2	3	1	—	2	—	7	6
Guam	—	1	—	—	—	—	—	—	—	1
P.R.	6	17	—	—	—	—	—	—	6	17
V.I.	—	—	—	—	—	—	—	—	—	—
Amer. Samoa	1	1	—	—	—	—	—	—	1	1
C.N.M.I.	—	—	—	—	—	—	—	—	—	—

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—: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	Pertussis		Rabies, animal		Rocky Mountain spotted fever		Salmonellosis		Shigellosis	
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	19,517	21,058	5,148	6,137	1,642	1,508	39,573	39,614	12,899	13,017
NEW ENGLAND	1,200	1,990	665	685	3	21	2,003	1,978	284	285
Maine	32	64	56	62	N	N	144	105	9	12
N.H.	83	96	13	31	1	—	161	135	12	9
Vt.	82	132	55	35	—	1	92	58	17	4
Mass.	925	1,596	321	295	1	15	1,071	1,125	178	175
R.I.	34	40	23	45	1	2	87	128	14	19
Conn.	44	62	197	217	—	3	448	427	54	66
MID. ATLANTIC	1,278	2,708	943	929	102	77	4,709	5,380	1,163	1,120
Upstate N.Y.	530	1,831	536	513	5	1	1,201	1,187	268	395
N.Y. City	85	189	27	13	8	23	1,149	1,218	381	393
N.J.	206	207	N	N	32	14	796	1,007	284	230
Pa.	457	481	380	403	57	39	1,563	1,968	230	102
E.N. CENTRAL	3,329	7,905	200	187	36	34	4,963	4,873	951	1,188
Ohio	1,107	593	70	76	23	10	1,285	1,161	139	164
Ind.	318	257	12	10	3	6	574	472	171	206
Ill.	603	1,445	50	51	1	14	1,454	1,556	282	394
Mich.	286	283	39	41	7	2	855	811	218	215
Wis.	1,015	5,327	29	9	2	2	795	873	141	209
W.N. CENTRAL	3,327	2,600	412	601	155	130	2,357	2,310	1,555	422
Minn.	1,084	438	68	89	3	4	550	597	91	64
Iowa	760	529	108	100	7	2	402	414	96	61
Mo.	516	488	76	59	131	103	755	587	954	169
N. Dak.	139	728	25	62	—	—	39	40	4	3
S. Dak.	153	159	60	94	5	4	143	130	66	13
Nebr.	177	78	—	98	4	17	121	168	82	36
Kans.	498	180	75	99	5	—	347	374	262	76
S. ATLANTIC	1,284	799	1,560	2,120	825	789	12,055	10,748	2,282	2,788
Del.	15	9	—	9	4	6	115	107	11	11
Md.	177	146	308	317	90	71	781	789	102	143
D.C.	8	9	—	—	2	—	54	61	15	40
Va.	328	209	490	460	103	34	1,069	1,102	122	156
W. Va.	45	27	65	66	7	5	177	226	1	9
N.C.	118	80	447	566	473	514	1,606	1,594	187	372
S.C.	351	167	5	166	62	62	1,279	978	96	519
Ga.	42	25	243	331	66	78	1,842	1,889	595	633
Fla.	200	127	2	205	18	19	5,132	4,002	1,153	905
E.S. CENTRAL	450	293	138	149	270	199	2,763	2,613	1,121	900
Ky.	128	74	17	22	3	2	455	341	301	74
Tenn.	196	158	46	51	198	115	744	673	510	473
Ala.	81	44	73	65	65	54	723	722	220	300
Miss.	45	17	2	11	4	28	841	877	90	53
W.S. CENTRAL	1,714	917	827	1,054	205	231	3,361	4,149	2,416	3,600
Ark.	284	80	33	51	128	147	703	547	61	76
La.	37	20	—	4	5	5	794	941	129	297
Okla.	—	38	73	109	52	71	383	378	609	466
Tex.	1,393	779	721	890	20	8	1,481	2,283	1,617	2,761
MOUNTAIN	3,880	1,818	229	215	37	23	2,214	2,247	903	797
Mont.	566	65	15	26	1	3	133	183	5	4
Idaho	231	47	12	8	3	4	147	146	17	16
Wyo.	48	35	17	6	2	5	80	53	5	5
Colo.	1,326	1,028	16	47	5	4	566	523	162	150
N. Mex.	135	153	10	5	3	2	222	275	126	134
Ariz.	941	241	131	112	19	4	664	664	514	383
Utah	601	206	15	8	4	1	316	228	46	46
Nev.	32	43	13	3	—	—	86	175	28	59
PACIFIC	3,055	2,028	174	197	9	4	5,148	5,316	2,224	1,917
Wash.	799	713	U	U	—	—	501	539	133	105
Oreg.	574	539	7	6	2	2	369	401	122	83
Calif.	1,415	734	166	180	7	2	3,944	3,959	1,929	1,677
Alaska	122	14	1	11	—	—	57	60	7	6
Hawaii	145	28	—	—	—	—	277	357	33	46
Guam	—	—	—	—	—	—	—	50	—	42
P.R.	6	5	68	58	N	N	422	471	5	32
V.I.	—	—	—	—	—	—	—	—	—	—
Amer Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

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* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004 (49th Week)*

Reporting area	Streptococcal disease, invasive, group A		Streptococcus pneumoniae, invasive disease				Syphilis			
			Drug resistant, all ages		Age <5 years					
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004
UNITED STATES	3,997	4,088	2,049	2,118	870	776	7,559	7,340	252	364
NEW ENGLAND	162	268	111	164	66	108	202	175	1	4
Maine	12	14	N	N	1	7	1	2	—	—
N.H.	15	19	—	—	5	N	14	4	—	3
Vt.	10	10	13	8	6	3	1	—	—	—
Mass.	116	117	82	53	53	61	121	108	—	—
R.I.	9	21	16	20	1	8	20	25	—	1
Conn.	U	87	U	83	U	29	45	36	1	—
MID. ATLANTIC	808	676	184	149	137	120	934	938	33	34
Upstate N.Y.	244	219	72	62	60	82	81	92	7	4
N.Y. City	150	115	U	U	20	U	573	589	5	15
N.J.	157	136	N	N	27	11	123	141	21	14
Pa.	257	206	112	87	30	27	157	116	—	1
E.N. CENTRAL	809	915	571	471	265	186	802	839	33	58
Ohio	182	213	340	326	78	79	202	225	1	2
Ind.	96	94	179	145	50	42	57	57	1	3
Ill.	166	239	15	—	61	15	428	354	12	22
Mich.	298	280	37	N	52	N	80	174	15	30
Wis.	65	89	N	N	24	50	35	29	4	1
W.N. CENTRAL	253	290	43	21	95	102	219	147	5	5
Minn.	102	137	—	—	60	67	54	26	1	1
Iowa	N	N	N	N	—	N	4	5	—	—
Mo.	62	61	35	16	9	14	135	87	4	2
N. Dak.	12	12	3	—	4	4	1	—	—	—
S. Dak.	20	20	3	5	—	—	1	—	—	—
Nebr.	21	20	2	—	7	9	5	6	—	—
Kans.	36	40	N	N	15	8	19	23	—	2
S. ATLANTIC	881	818	805	1,049	80	60	1,944	1,855	39	59
Del.	6	3	2	4	—	N	10	8	—	1
Md.	191	144	—	—	54	43	299	349	13	9
D.C.	11	10	17	9	3	4	90	64	—	1
Va.	88	67	N	N	—	N	130	94	4	3
W. Va.	22	26	111	107	23	13	4	3	—	—
N.C.	118	122	N	N	U	U	251	182	10	12
S.C.	30	51	—	83	—	N	81	113	4	12
Ga.	175	188	137	294	—	N	393	361	1	5
Fla.	240	207	538	552	—	N	686	681	7	16
E.S. CENTRAL	164	204	169	153	13	16	447	380	27	22
Ky.	32	60	30	30	N	N	50	47	—	1
Tenn.	132	144	139	121	—	N	201	124	20	8
Ala.	—	—	—	—	N	152	157	6	11	2
Miss.	—	—	—	2	13	16	44	52	1	2
W.S. CENTRAL	243	319	105	81	155	146	1,182	1,175	71	74
Ark.	22	16	15	10	18	8	46	46	1	4
La.	7	2	90	71	24	31	235	314	12	8
Okla.	107	64	N	N	34	44	38	25	1	2
Tex.	107	237	N	N	79	63	863	790	57	60
MOUNTAIN	568	471	61	29	50	35	352	373	17	46
Mont.	—	—	—	—	—	—	5	4	—	—
Idaho	3	9	N	N	—	N	20	22	1	2
Wyo.	5	10	23	11	—	—	—	3	—	—
Colo.	197	108	N	N	49	35	40	61	1	2
N. Mex.	43	89	—	N	—	—	47	79	2	2
Ariz.	240	211	N	N	—	N	156	154	12	39
Utah	79	39	36	16	1	—	6	11	1	—
Nev.	1	5	2	2	—	—	78	39	1	—
PACIFIC	109	127	—	1	9	3	1,477	1,458	26	62
Wash.	N	N	N	N	N	N	144	136	—	—
Oreg.	N	N	N	N	6	N	35	27	—	—
Calif.	—	—	N	N	N	N	1,280	1,283	26	62
Alaska	—	—	—	—	—	N	6	5	—	—
Hawaii	109	127	—	1	3	3	12	7	—	—
Guam	—	—	—	—	—	—	—	2	—	—
P.R.	N	N	N	N	—	N	203	159	9	5
V.I.	—	—	—	—	—	—	—	4	—	—
Amer. Samoa	U	U	U	U	U	U	U	U	U	U
C.N.M.I.	—	U	—	U	—	U	—	U	—	U

N: Not notifiable. U: Unavailable. —: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

TABLE II. (Continued) Provisional cases of selected notifiable diseases, United States, weeks ending December 10, 2005, and December 11, 2004
(49th Week)*

Reporting area	Tuberculosis		Typhoid fever		Varicella (chickenpox)		West Nile virus disease†		
	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Cum. 2005	Cum. 2004	Neuroinvasive		Cum. 2005
							Cum. 2005	Cum. 2004	
UNITED STATES	10,769	12,385	255	301	24,514	27,358	1,165	1,142	1,464
NEW ENGLAND	341	418	24	22	2,279	3,315	9	—	4
Maine	17	20	1	—	213	280	—	—	—
N.H.	6	16	—	—	1,409	—	—	—	—
Vt.	5	5	—	—	114	413	—	—	2
Mass.	226	243	14	15	543	855	4	—	—
R.I.	35	48	1	1	—	—	1	—	2
Conn.	52	86	8	6	U	1,767	4	—	—
MID. ATLANTIC	1,897	1,956	50	72	4,537	89	26	17	17
Upstate N.Y.	237	271	5	10	—	—	—	5	—
N.Y. City	923	962	24	29	—	—	10	2	4
N.J.	443	436	13	18	—	—	2	1	2
Pa.	294	287	8	15	4,537	89	14	9	11
E.N. CENTRAL	1,160	1,089	22	35	6,330	12,118	235	66	115
Ohio	223	182	2	7	1,477	1,412	46	11	15
Ind.	123	122	1	—	597	N	10	8	1
Ill.	541	485	8	16	75	6,089	132	29	88
Mich.	199	213	6	9	3,794	3,957	36	13	5
Wis.	74	87	5	3	387	660	11	5	6
W.N. CENTRAL	410	439	6	9	603	183	151	86	423
Minn.	171	169	5	5	—	—	17	—	—
Iowa	47	47	—	—	N	N	13	13	19
Mo.	94	114	—	2	456	5	18	27	13
N. Dak.	2	4	—	—	55	82	12	2	74
S. Dak.	14	8	—	—	92	96	35	6	192
Nebr.	29	37	—	2	—	—	43	7	90
Kans.	53	60	1	—	—	—	13	18	8
S. ATLANTIC	2,284	2,595	52	43	2,373	2,192	30	65	22
Del.	19	17	1	—	28	5	1	—	—
Md.	241	262	12	12	—	—	4	10	1
D.C.	48	77	—	—	38	25	—	1	—
Va.	281	256	18	9	729	481	—	4	N
W. Va.	24	22	—	—	1,003	1,259	—	3	2
N.C.	265	320	6	8	—	N	2	—	—
S.C.	205	164	—	—	485	422	5	—	7
Ga.	349	529	4	4	—	—	9	14	33
Fla.	852	948	11	10	—	—	9	60	38
E.S. CENTRAL	514	623	7	8	—	48	64	—	—
Ky.	104	113	2	3	N	N	5	1	3
Tenn.	233	219	2	5	—	—	14	13	4
Ala.	177	185	1	—	—	46	6	15	31
Miss.	—	106	2	—	—	—	39	31	31
W.S. CENTRAL	1,356	1,805	16	26	5,974	6,954	232	237	117
Ark.	109	108	—	—	30	—	11	17	15
La.	—	—	1	—	111	56	100	85	38
Okl.	130	154	1	1	—	—	14	16	13
Tex.	1,117	1,543	14	25	5,833	6,898	107	119	51
MOUNTAIN	342	502	11	8	2,418	2,459	135	322	217
Mont.	8	14	—	—	—	—	8	2	17
Idaho	—	3	—	—	—	—	2	1	7
Wyo.	—	4	—	—	52	56	6	2	6
Colo.	51	120	7	3	1,734	1,959	20	41	81
N. Mex.	19	37	—	—	168	U	20	31	13
Ariz.	207	198	2	2	—	—	44	214	47
Utah	26	35	1	1	464	444	21	6	31
Nev.	31	91	1	2	—	—	14	25	15
PACIFIC	2,485	2,958	67	78	—	—	283	289	511
Wash.	229	219	5	6	N	N	—	—	6
Oreg.	54	98	3	1	—	—	1	—	505
Calif.	2,034	2,498	47	65	—	—	282	289	—
Alaska	38	34	—	—	—	—	—	—	—
Hawaii	110	109	12	6	—	—	—	—	—
Guam	—	49	—	—	—	209	—	—	—
P.R.	—	104	—	—	565	361	—	—	—
V.I.	—	—	—	—	—	—	—	—	—
Amer. Samoa	U	U	U	—	U	U	U	U	U
C.N.M.I.	—	U	—	—	U	U	U	U	U

N: Not notifiable. U: Unavailable. —: No reported cases.

C.N.M.I.: Commonwealth of Northern Mariana Islands.

* Incidence data for reporting years 2004 and 2005 are provisional and cumulative (year-to-date).

† Updated weekly from reports to the Division of Vector-Borne Infectious Diseases, National Center for Infectious Diseases (ArboNet Surveillance).

§ Not previously notifiable.

TABLE III. Deaths in 122 U.S. cities,* week ending December 10, 2005 (49th Week)

Reporting Area	All causes, by age (years)						P&I [†] Total	Reporting Area	All causes, by age (years)						P&I [†] Total
	All Ages	>65	45–64	25–44	1–24	<1			All Ages	>65	45–64	25–44	1–24	<1	
NEW ENGLAND	543	384	113	25	13	8	58	S. ATLANTIC	1,370	824	337	119	42	48	73
Boston, Mass.	145	92	43	7	1	2	15	Atlanta, Ga.	171	96	39	19	5	12	8
Bridgeport, Conn.	31	22	4	1	4	—	2	Baltimore, Md.	199	119	58	16	5	1	21
Cambridge, Mass.	22	16	5	—	—	1	3	Charlotte, N.C.	146	98	24	14	3	7	8
Fall River, Mass.	23	22	1	—	—	—	6	Jacksonville, Fla.	137	73	47	13	3	1	6
Hartford, Conn.	56	39	9	5	1	2	2	Miami, Fla.	138	85	31	14	5	3	5
Lowell, Mass.	22	17	3	2	—	—	2	Norfolk, Va.	52	25	14	5	3	5	1
Lynn, Mass.	5	4	1	—	—	—	1	Richmond, Va.	80	45	23	7	2	3	4
New Bedford, Mass.	16	11	3	1	1	—	—	Savannah, Ga.	59	36	17	4	1	1	1
New Haven, Conn.	52	34	9	4	3	2	7	St. Petersburg, Fla.	70	50	11	5	1	3	3
Providence, R.I.	47	35	10	1	1	—	6	Tampa, Fla.	204	135	42	14	3	10	12
Somerville, Mass.	4	2	2	—	—	—	—	Washington, D.C.	101	54	26	8	11	2	1
Springfield, Mass.	38	31	5	1	1	—	6	Wilmington, Del.	13	8	5	—	—	—	3
Waterbury, Conn.	21	14	5	1	1	—	2	E.S. CENTRAL	940	618	216	73	21	12	59
Worcester, Mass.	61	45	13	2	—	1	6	Birmingham, Ala.	191	129	43	11	4	4	11
MID. ATLANTIC	2,168	1,504	449	133	47	32	118	Chattanooga, Tenn.	79	57	16	5	1	—	2
Albany, N.Y.	44	34	5	1	2	2	1	Knoxville, Tenn.	92	61	23	5	3	—	4
Allentown, Pa.	28	26	2	—	—	—	4	Lexington, Ky.	76	53	15	4	2	2	7
Buffalo, N.Y.	94	66	20	6	1	1	8	Memphis, Tenn.	172	105	46	18	3	—	6
Camden, N.J.	36	25	7	1	—	2	4	Mobile, Ala.	104	69	23	9	3	—	6
Elizabeth, N.J.	14	9	3	1	—	1	1	Montgomery, Ala.	75	53	15	5	2	—	11
Erie, Pa.	50	40	7	1	2	—	1	Nashville, Tenn.	151	91	35	16	3	6	12
Jersey City, N.J.	35	20	7	5	2	1	—	W.S. CENTRAL	1,395	920	321	86	36	32	73
New York City, N.Y.	1,123	765	248	76	18	15	50	Austin, Tex.	53	36	12	5	—	—	4
Newark, N.J.	42	21	16	2	2	1	1	Baton Rouge, La.	34	20	4	10	—	—	2
Paterson, N.J.	25	15	8	1	1	—	—	Corpus Christi, Tex.	59	46	9	1	1	2	4
Philadelphia, Pa.	308	193	72	23	14	5	21	Dallas, Tex.	185	124	31	14	9	7	10
Pittsburgh, Pa. [‡]	31	19	5	3	3	1	—	El Paso, Tex.	90	70	12	3	1	4	2
Reading, Pa.	28	23	2	1	—	2	2	Ft. Worth, Tex.	98	67	22	3	2	4	3
Rochester, N.Y.	127	101	18	6	1	1	8	Houston, Tex.	402	247	109	26	12	8	29
Schenectady, N.Y.	24	17	7	—	—	—	1	Little Rock, Ark.	60	40	13	3	3	1	—
Scranton, Pa.	29	22	6	1	—	—	1	New Orleans, La. [†]	U	U	U	U	U	U	U
Syracuse, N.Y.	77	66	8	3	—	—	12	San Antonio, Tex.	196	134	46	9	4	3	12
Trenton, N.J.	22	16	4	1	1	—	—	Shreveport, La.	100	68	25	4	2	1	7
Utica, N.Y.	13	11	1	1	—	—	1	Tulsa, Okla.	118	68	38	8	2	2	—
Yonkers, N.Y.	18	15	3	—	—	—	2	MOUNTAIN	1,017	685	213	66	30	23	68
E.N. CENTRAL	2,107	1,418	473	127	44	45	134	Albuquerque, N.M.	134	84	33	10	7	—	9
Akron, Ohio	69	40	19	3	2	5	1	Boise, Idaho	69	51	13	4	—	1	4
Canton, Ohio	26	19	6	1	—	—	2	Colo. Springs, Colo.	44	30	8	2	4	—	1
Chicago, Ill.	309	183	86	24	11	5	18	Denver, Colo.	100	57	25	10	2	6	4
Cincinnati, Ohio	98	70	19	6	2	1	6	Las Vegas, Nev.	250	172	53	19	4	2	30
Cleveland, Ohio	243	184	43	11	2	3	11	Ogden, Utah	30	21	6	2	—	1	1
Columbus, Ohio	203	135	45	14	3	6	13	Phoenix, Ariz.	92	57	21	4	7	3	5
Dayton, Ohio	123	89	27	4	3	—	9	Pueblo, Colo.	20	11	8	—	1	—	—
Detroit, Mich.	153	79	50	14	7	3	5	Salt Lake City, Utah	108	79	13	5	4	7	6
Evansville, Ind.	56	42	9	2	1	2	4	Tucson, Ariz.	170	123	33	10	1	3	8
Fort Wayne, Ind.	67	50	11	2	1	3	3	PACIFIC	1,401	967	283	94	29	28	124
Gary, Ind.	11	7	4	—	—	—	—	Berkeley, Calif.	12	6	5	1	—	—	2
Grand Rapids, Mich.	60	48	9	1	—	2	4	Fresno, Calif.	159	109	35	10	3	2	12
Indianapolis, Ind.	231	136	58	24	6	7	19	Glendale, Calif.	4	4	—	—	—	—	—
Lansing, Mich.	53	38	11	3	—	1	5	Honolulu, Hawaii	81	58	13	6	1	3	3
Milwaukee, Wis.	101	73	21	3	1	3	12	Long Beach, Calif.	67	48	14	2	2	1	10
Peoria, Ill.	46	34	12	—	—	—	2	Los Angeles, Calif.	138	85	30	13	7	3	13
Rockford, Ill.	54	38	9	6	1	—	4	Pasadena, Calif.	19	12	5	2	—	—	4
South Bend, Ind.	41	32	7	1	1	—	1	Portland, Oreg.	123	86	23	9	1	4	9
Toledo, Ohio	94	69	15	6	2	2	7	Sacramento, Calif.	U	U	U	U	U	U	U
Youngstown, Ohio	69	52	12	2	1	2	8	San Diego, Calif.	172	105	42	11	5	9	16
W.N. CENTRAL	490	314	123	26	10	17	24	San Francisco, Calif.	128	86	22	13	3	4	15
Des Moines, Iowa	U	U	U	U	U	U	U	San Jose, Calif.	208	159	36	9	4	—	23
Duluth, Minn.	23	15	7	1	—	—	1	Santa Cruz, Calif.	30	21	5	4	—	—	2
Kansas City, Kans.	27	14	9	1	1	2	1	Seattle, Wash.	91	60	23	6	1	1	4
Kansas City, Mo.	74	44	20	7	1	2	2	Spokane, Wash.	55	44	9	—	1	1	6
Lincoln, Nebr.	38	26	10	—	1	1	2	Tacoma, Wash.	114	84	21	8	1	—	5
Minneapolis, Minn.	72	47	17	5	1	2	2	TOTAL	11,431**	7,634	2,528	749	272	245	731
Omaha, Nebr.	90	54	23	6	1	6	11								
St. Louis, Mo.	22	14	6	1	—	1	—								
St. Paul, Minn.	52	37	11	3	1	—	2								
Wichita, Kans.	92	63	20	2	4	3	3								

U: Unavailable. —: No reported cases.

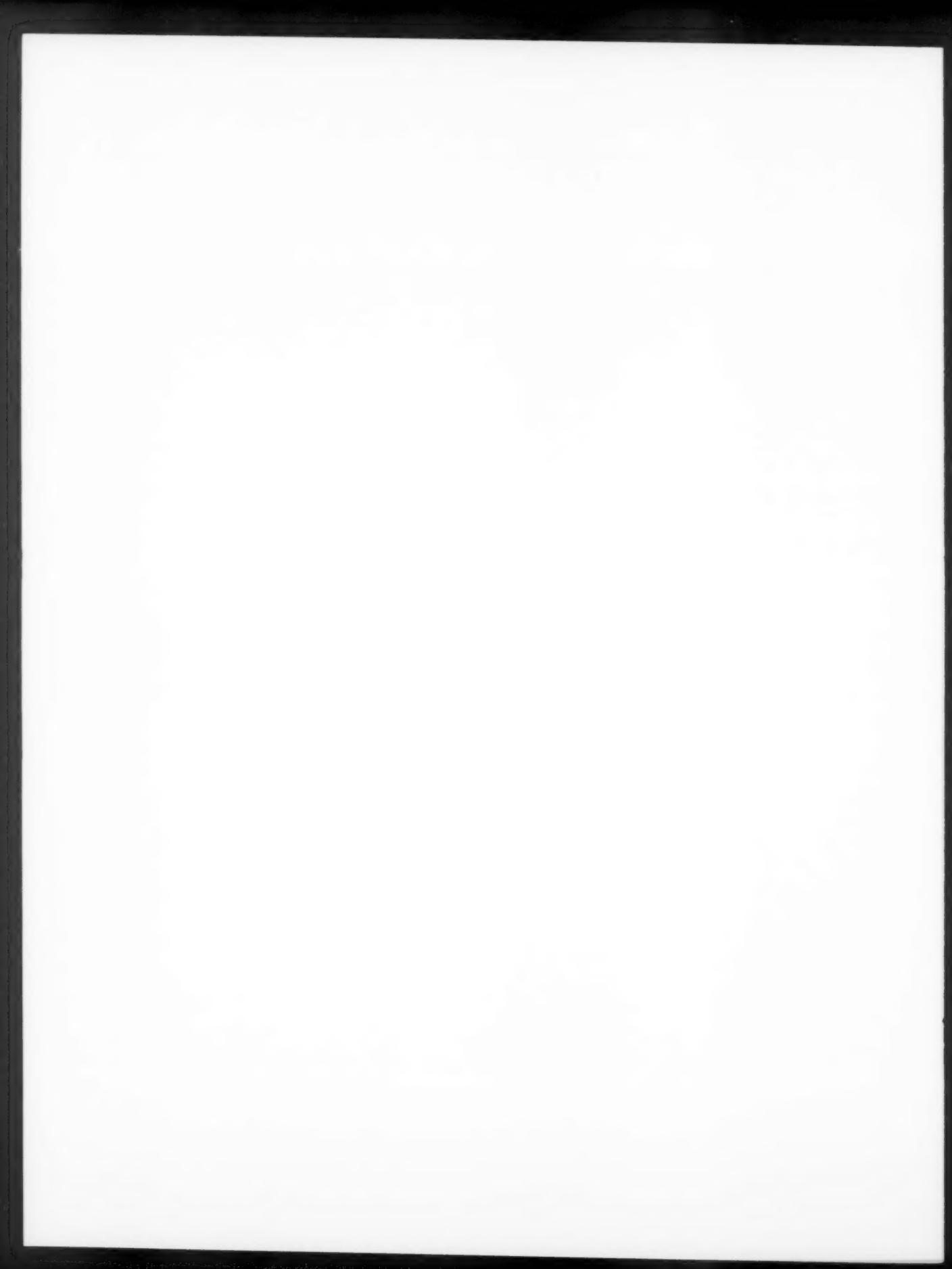
* Mortality data in this table are voluntarily reported from 122 cities in the United States, most of which have populations of $\geq 100,000$. A death is reported by the place of its occurrence and by the week that the death certificate was filed. Fetal deaths are not included.

†Pneumonia and influenza.

‡Because of changes in reporting methods in this Pennsylvania city, these numbers are partial counts for the current week. Complete counts will be available in 4 to 6 weeks.

**Because of Hurricane Katrina, weekly reporting of deaths has been temporarily disrupted.

** Total includes unknown ages.



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